Foster Family Home - Corrective Action Report

Provider ID:

1-160059

Home Name:

Maria Casaje, CNA

Review ID:

Begin Date:

1-160059-2

94-615 Koliana Place

Reviewer:

Sue Lo

Waipahu

HI 96797

7/17/2017

2/20/2017

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) Home visit made on 7/17/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 8/17/2017

6 (d)(1) see applicable sections of this review.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1),(2) 2nd sets of fingerprinting, Adult Protective Services/ Child Abuse Neglect (APS/CAN) checks not present in the home for CG#2.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary

resuscitation, and basic first aid.

41.(c)

The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the

Comment:

41.(b)(8) First Aid certificate not present in the home for CG#1. Blood Borne Pathogen (BBP) due on/before 5/5/2017 for CG#1 and BBP due on/before 4/29/2017 for CG#2 and renewal of BBP certificate not present in the home for CG#1 and CG#2.

41.(c) Lack 12 hours of Annual Training for CG#1 and lack 8 hours of Annual Training for CG#2.

WRITTEN PLAN OF CORRECTION

August 13, 2017

7.1 (a)(1), (2) - CG#2 did another set of fingerprinting with a Fitness Determination on 7/28/17 and APS /can on the same date and kept in binder at all times.

41. (b)(8) – CG#1 Completed First Aid Training on August 9, 2017 and CG#1 & #2 completed the Blood Borne Pathogen Training on July 17 & 18, respectively.

***To prevent this from occurring again, all requirements are put in the calendar for renewal before the due date.

(c) CG#1 completed 12 hours of annual training on July 20, 2017.
 CG#2 completed 8 hours of annual training on July 19, 2017.

*** This incident will not happen again in the future because CG#1 will use a reminder calendar to ensure that CG#1 gets 12 hours of training while CG#2 and all other CG's get 8 hours annual training every year.

August 13, 2017

Signed by:

MARIA SHIRLEY P. CASA 94-615 Koliana Place Waipahu, HI 96797